

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

8448
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Y Primary Registration District No. 3039 Registered No. 39
 (c) City Meranda (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

James L. Holland
 (a) Residence, No. 427 E. Austin St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Madie Holland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County Iowa

FATHER 13. NAME C. M. Holland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Lydian C. Steele

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leitchtown Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Madie Holland
Sheldon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE De Smet Cemetery 2-12-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stacy Funeral Service
Meranda Mo.

20. FILED 2-10 1940 Alvin Hays
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-6 1940 to 2-6 1940

I last saw him alive on 2-6 1940 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease
paroxysmal tachycardia (severity unknown)
 Date of onset ?
26-90

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical (Was there an autopsy?) No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so specify _____
 (Signed) B. Braxton Davis, M. D.

(Address) Rogers Bldg
Meranda, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7

License File Number 3-44-349

Date Filed 3-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Allen D. Gray
Licensed Embalmer No. 1968
P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.